

VETERANS' GROUP LIFE INSURANCE

HOW TO APPLY FOR THIS BENEFIT

To apply for Veterans' Group Life Insurance, you should:

1. Complete the attached application. Remember to:
 - Choose an amount of insurance not greater than the amount carried at time of separation.
 - ☐ Complete the *Health Statement* if you've been separated for more than 120 days
 - ☐ Complete the *Beneficiary Information* section.
 - ☐ Review and sign the completed application.
2. Make your check or money order payable to OSGLI. You should include your Social Security Number on the face of the check.
3. Enclose proof of your SGLI coverage (e.g. your DD 214, proof of your enlistment in the IRR or ING, or your most recent leave and earning statement).
4. Mail the application to: Office of Servicemembers' Group Life Insurance
213 Washington Street
Newark, NJ 07102-2999

IMPORTANT INFORMATION AND INSTRUCTIONS

- A. **Eligibility.** Veterans' Group Life Insurance (VGLI) is available to persons who had Servicemembers' Group Life Insurance (SGLI) in force at time of release from active duty or active duty for training under call or order that does not specify a period of less than 31 days. This insurance is also available to:
- ☐ members of the Individual Ready Reserve (IRR) and the Inactive National Guard (ING).
 - ☐ reservists released from drilling assignments
 - ☐ reservists with part-time coverage whose SGLI coverage is continued after the period of duty terminates as a result of disability incurred or aggravated during such duty.
 - ☐ Retired Reservists assigned to or eligible for assignment to the Retired Reserves of a uniformed service, provided SGLI was in force at the time of release from the most recent drilling assignment.

Application for VGLI must be submitted within one year and 120 days from the date of release.

Note: If you have been unable to work since the date you were separated because of total disability, you may be entitled to an extension of SGLI coverage without further payment of premiums. If you wish to be considered for this extension, please inform the Office of Servicemembers' Group Life Insurance (OSGLI) at the time you submit this application.

- B. **Insurance Coverage.** VGLI coverage is available in increments of \$10,000 up to a maximum of \$200,000. However, you may not be covered for an amount greater than you had while on active duty. This insurance is five-year renewable term coverage. At any time during the five-year period, you have the option to convert to an individual policy with one of the commercial insurance companies that participate in the program.
- C. **Premiums.** You may pay your premiums monthly or annually. *If you choose to pay premiums annually*, you will receive one month's discount. The annual rates shown in the attached premium schedule reflect the discount. Find the premium rate that agrees with the amount of insurance and the payment mode desired for your age from the premium schedule. Enter this premium amount in Item 10, *Premium Amount Enclosed*, on the application.

If you choose to pay monthly, you have the option of having your premiums deducted from your military retirement pay or disability compensation. If you select this mode of payment, you must still submit the first month's premium with your application.

(IMPORTANT INFORMATION AND INSTRUCTIONS - CONTINUED)

- D. **Naming Beneficiaries.** You may name any beneficiary(ies) you choose. You may change your beneficiary(ies) at any time without their knowledge or consent, and this right cannot be waived or restricted. You can obtain a change of beneficiary form from any office of the Department of Veterans Affairs or by writing to OSGLI. No designation or change of beneficiary will be valid unless it is in writing, dated over your signature, and received by OSGLI before your death. If, after completion of this form, your insurance is increased, this beneficiary designation will apply to the full amount in force unless a new designation is made.

Do not delay completing this form if you don't have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but it is not necessary.

- E. **Payment Options.** You may choose for the beneficiary to receive a payment in one lump sum or in 36 equal monthly payments by writing *lump* or 36 in the column labeled *Payment Option*. If you choose 36 payments, the beneficiary cannot choose to receive a *lump* sum payment. If you want the beneficiary to have a choice at the time of payment, write *lump* or leave the block blank.
- F. **Provisions for Payment of Insurance.** If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.

If you do not name a beneficiary, the insurance will be paid in accordance with the prior SGLI designation for 60 days after VGLI become effective. After 60 days, if no designation is made, the proceeds will be paid under provisions of the law to your survivors in the following order:

1. Widow or widower.
2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child).
3. Parent(s) in equal shares to all to surviving parent.
4. A duly appointed executor or administrator of your estate.
5. Other next of kin.

<p>Note: If you do not want your insurance paid under the provisions of the law, you must enter the name(s) of the beneficiary(ies) on the application.</p>
--

- G. **Notification of Insurance.** A certificate of coverage will be sent to you as confirmation of the approval of your Veterans' Group Life Insurance application. Premium notices will also be provided as needed. You can obtain additional information on this insurance by contacting the Office of Servicemembers' Group Life Insurance in writing (include your social security number on all correspondence) or by telephone at 1-800-419-1473 between 8:00 a.m. and 5:00 p.m. Eastern Time.

Application For Veterans' Group Life Insurance (1-800) 419-1473 8:00 AM to 5:00 PM ET				Return completed application, first premium, and notification of eligibility to: OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE 213 WASHINGTON STREET NEWARK, NEW JERSEY 07102-2999	
IMPORTANT - No insurance may be granted unless a completed application has been received (38 USC 1977). See "important information and instructions" before completing this form.					
1. NAME AND ADDRESS OF APPLICANT <i>(Type or print)</i>				FOR OSGLI USE ONLY	
FIRST NAME - MIDDLE NAME - LAST NAME				ACTION TAKEN	SGLI REPRESENTATIVE
NUMBER AND STREET OR RURAL ROUTE, APT. NO.				2. TELEPHONE NUMBER ()	
CITY OR P.O., STATE AND ZIP CODE				SOCIAL SECURITY NUMBER	
4. DATE OF SEPARATION <i>(Enter month, day and year)</i>	5. DATE OF BIRTH	6. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	7. BRANCH OF SERVICE	8. AGE <i>(Refer to premium schedule)</i>	
9. ENTER AMOUNT OF INSURANCE DESIRED <i>(Check one)</i> <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$190,000 <input type="checkbox"/> \$180,000 <input type="checkbox"/> \$170,000 <input type="checkbox"/> \$160,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$140,000 <input type="checkbox"/> \$130,000 <input type="checkbox"/> \$120,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 90,000 <input type="checkbox"/> \$ 80,000 <input type="checkbox"/> \$ 70,000 <input type="checkbox"/> \$ 60,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 40,000 <input type="checkbox"/> \$ 30,000 <input type="checkbox"/> \$ 20,000 <input type="checkbox"/> \$ 10,000					
10. PREMIUM AMOUNT ENCLOSED \$ _____ <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <i>(Refer to premium schedule)</i> NOTE: MAKE REMITTANCE PAYABLE TO "OSGLI". Attach premium for the amount of insurance desired. <i>(No cash or stamps please)</i>					
11. NOTE: For Those Receiving Military Retirement Pay or VA Disability Compensation Pay - Automatic Monthly Payment Option. <input type="checkbox"/> Check here to have your monthly VGLI premium automatically deducted from your retirement pay. <input type="checkbox"/> Check here to have your monthly VGLI premium automatically deducted from your VA Disability Compensation. <i>*First month's premium must still be submitted with this application.</i>					
HEALTH STATEMENT <i>(The section must be completed ONLY if it is more than 120 days since you separated)</i>					
12. HEALTH INFORMATION <i>(Attach separate sheet with complete details to any question answered "YES")</i>		YES	NO		
HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE YOU, WITHIN THE PAST FIVE YEARS:	
A. HEART TROUBLE				A. BEEN ADVISED TO HAVE A SURGICAL OPERATION?	
B. HIGH BLOOD PRESSURE?				B. BEEN A PATIENT OR ADVISED TO ENTER A HOSPITAL OR HEALTH CARE FACILITY?	
C. NERVOUS DISORDER?				C. CONSULTED, BEEN ATTENDED OR EXAMINED BY A DOCTOR OR OTHER PRACTITIONERS EXCLUSIVE OF ANNUAL OR PERIODIC PHYSICALS?	
D. DIABETES OR SUGAR IN URINE?				D. USED BARBITURATES, HEROIN, OPIATES, OR OTHER NARCOTICS, OR BEEN TREATED FOR ALCOHOLISM?	
E. CANCER OR TUMORS?				HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM?	
F. LUNG OR RESPIRATORY DISORDERS?				HAVE YOU EVER BEEN DIAGNOSED AS HAVING ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) OR AIDS-RELATED COMPLEX (ARIC)?	
G. DISORDER OF KIDNEY, BLADDER OR URINARY SYSTEM?				DO YOU HAVE ANY KNOWN PHYSICAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?	
H. LIVER OR GALLBLADDER DISORDER?				DO YOU HAVE A SERVICE-CONNECTED DISABILITY? IF YES, WHAT IS THE VA CLAIM FILE NUMBER	
I. STOMACH OR INTESTINAL DISORDERS?				_____	
J. ARTHRITIS?				_____	
HAVE YOU EVER BEEN DECLINED OR POSTPONED FOR ANY FORM OF LIFE OR HEALTH INSURANCE OR OFFERED A POLICY WITH A RATED-UP PREMIUM BECAUSE OF HEALTH REASONS ONLY?				_____	
HAVE YOU BEEN ABSENT FROM WORK BECAUSE OF SICKNESS OR INJURY DURING THE LAST 6 MONTHS?				_____	
I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS.					
13A. COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY <i>(If married woman, give her own first and middle names. For example, Mary Lisa Smith, not Mrs. John Smith.)</i>		13B. SOCIAL SECURITY # <i>(If known, see D under Instructions)</i>	13C. RELATIONSHIP TO INSURED	13D. SHARES PAID TO EACH BENEFICIARY <i>(Use fractions, such as 1/2, 2/3, 3/4, or "ALL".)</i>	13E. PAYMENTS TO BENEFICIARY <i>(Lump sum or 36 equal monthly payments)</i>
PRINCIPAL (FIRST) BENEFICIARY					
CONTINGENT (SECOND) BENEFICIARY <i>(If principal beneficiary dies before me or before completion of designated installment payments to the principal beneficiary.)</i>					

Continued on Next Page

NOTE: SGLI remains in effect for 120 days after separation. The VGLI beneficiary designation above becomes effective when VGLI becomes effective. Initial this box if you wish the above designation to change your SGLI beneficiary immediately. <div style="float: right; border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
I UNDERSTAND that this form cancels any prior VGLI beneficiary or payment instructions and that unless I have named a beneficiary(ies) above, my insurance will be paid under the "provisions of law" as explained in Section F on the instruction page.		
I understand that I cannot have combined SGLI and VGLI coverage at the same time for more than \$200,000	14. SIGNATURE OF APPLICANT <i>(Do not print, sign in ink)</i>	15. DATE
PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.		
Detach and return this page to "OSGLI" - DO NOT send to the Department of Veterans Affairs		

SGLV 8714 OCTOBER 1996